

**NATURAL SCIENCE ACADEMY
ENROLLMENT 2010-2011 SCHOOL YEAR
GUARDIANSHIP/CUSTODY DOCUMENTATION**

Please complete this form if it applies to you.

Dear PARENT/GUARDIAN:

Each year school districts are faced with concerns dealing with guardianships and custody as they relate to emergencies, pick up of children, visitation, and phone calls from parents not having custody.

Child's/Children's Names: _____

Legal Guardian:

Name _____

Address _____

Phone _____

Spouse Not Having Custody or Primary Custody:

Name _____

Address _____

Phone _____

Can the spouse not having custody or primary custody see the child/children at school, pick them up at school, see their records, talk to them on the phone, send mail or gifts to be given to them at school?

Yes _____ No _____

Comments: _____

If the child(ren) are living with you and you do not have legal custody, the school will need authorization from the legal custodian for emergency medical care. Please indicate below if permission is granted.

I authorize emergency medical care for the above children. YES___ NO ___

Legal Guardian signature: _____

Daytime phone: _____

PLEASE ATTACH A COPY OF LEGAL VERIFICATION OF CUSTODY (i.e. court order)

ANY OTHER INFORMATION YOU WANT THE SCHOOL TO KNOW ABOUT CUSTODY-RELATED ISSUES:
